Missouri

UNIFORM APPLICATION
FY 2019 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number   780871430

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name   Missouri Department of Mental Health

Organizational Unit   Division of Behavioral Health

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City   Jefferson City

Zip Code   65102-0687

II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From   7/1/2017

To   6/30/2018

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date   11/26/2018 9:56:20 AM

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:   1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: SAT, MHS

Population(s):   SMI, SED

Goal of the priority area:

> Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs.

Strategies to attain the goal:

> 1) Continue to coordinate preventive and primary care for Health Home participants
> 2) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health treatment
> 3) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home programs.

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 35,755

First-year target/outcome measurement: at least 37,000

Second-year target/outcome measurement: at least 40,000

New Second-year target/outcome measurement*(if needed)*:   33,000

Data Source:

> The number of Health Home participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency MO Healthnet on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

> Health Home enrollment declined as a result, in part, of reaching a saturation point with eligible participants. Additionally, several Health Homes experienced difficulty maintaining adequate staffing levels for their enrollment which resulted in a need to pause enrollment until staffing levels were brought back up to an adequate level. Actual Health Home participants in FY 2018 is 31,616. Proposed change is to adjust the target. The new target is 33,000.

How first year target was achieved *(optional)*:

Indicator #:	2
Indicator:	Number of participants in DM 3700 per fiscal year
Baseline Measurement:	3,636
First-year target/outcome measurement:	at least 3,550
Second-year target/outcome measurement:	at least 3,550

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Numbers of ADA DM and DM 3700 participants are tracked in the DMH information system. A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open ADA episode of care during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open CPS episode of care during the specified fiscal year.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of DM 3700 participants during fiscal year 2018 was 5,590.

Indicator #:	3
Indicator:	Number of participants in ADA Disease Management per fiscal year
Baseline Measurement:	806
First-year target/outcome measurement:	at least 750
Second-year target/outcome measurement:	at least 750

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Numbers of ADA DM and DM 3700 participants are tracked in the DMH information system. A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open ADA episode of care during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open CPS episode of care during the specified fiscal year.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of participants in ADA disease management for fiscal year 2018 was 1,062.

Priority #:	2
Priority Area:	Crisis Intervention
Priority Type:	SAT, MHS
Population(s):	SMI, SED

Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals needing behavioral healthcare services to those services.

Strategies to attain the goal:

1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of referrals to the CMHLs per fiscal year
Baseline Measurement:	8,189
First-year target/outcome measurement:	at least 8,000
Second-year target/outcome measurement:	at least 8,000
New Second-year target/outcome measurement*(if needed)*:	

Data Source:

Number of law enforcement officers trained in CIT, number of CMHL contacts, the number served in the ERE project are tracked and reported by the Coalition for Behavioral Healthcare.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of referrals to the community mental health liaisons was 10,250.

Indicator #:	2
Indicator:	Number served in the ERE project per fiscal year
Baseline Measurement:	1,329
First-year target/outcome measurement:	at least 1,200
Second-year target/outcome measurement:	at least 1,200

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Number of law enforcement officers trained in CIT, number of CMHL contacts, the number served in the ERE project are tracked and reported by the Coalition for Behavioral Healthcare.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of persons served in the emergency room enhancement project during fiscal year 2018 was 1,837.

Indicator #:	3
Indicator:	Number of new law enforcement officers trained in CIT per fiscal year
Baseline Measurement:	800
First-year target/outcome measurement:	at least 600
Second-year target/outcome measurement:	at least 600

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Number of new law enforcement officers trained in CIT is tracked and reported by the CIT Coalition.

New Data Source*(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

> The number of new law enforcement officers trained for the Crisis Intervention Team during fiscal year 2018 was 1,301.

Indicator #:	4
Indicator:	Number of ACI calls per fiscal year
Baseline Measurement:	83,985
First-year target/outcome measurement:	at least 82,000
Second-year target/outcome measurement:	at least 82,000
New Second-year target/outcome measurement *(if needed)*:	65,000

Data Source:

> Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

> ACI numbers have decreased in FY 2018 due to a change in the way our providers report crisis calls. As of 1/1/2018, our providers began categorizing calls as either Crisis or Informational calls. This change better reflects the actual utilization of the ACI hotlines for crises. Actual Crisis calls in FY 2018 is 73,468. Proposed change is to adjust the target to 65,000.

How first year target was achieved *(optional)*:

Priority #:	3
Priority Area:	Substance Abuse Traffic Offenders' Program (SATOP)
Priority Type:	SAT

Population(s):   Other (Criminal/Juvenile Justice)

Goal of the priority area:

Reduce DWI recidivism and initiate treatment services for those with substance use disorder

Strategies to attain the goal:

1) Continue program oversight to ensure adherence to standards of care
2) Increase use of evidence-based practices

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Implement an interactive journal for the Weekend Intervention Program (WIP)
Baseline Measurement:	N/A
First-year target/outcome measurement:	In progress
Second-year target/outcome measurement:	Implemented
New Second-year target/outcome measurement*(if needed)***:**	

Data Source:

Implementation of interactive journal in WIP program monitored by SATOP Director.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The interactive journal has been implemented.

Priority #:	4
Priority Area:	Department of Corrections Community Supervised Offenders
Priority Type:	SAT, MHS
Population(s):	SMI, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Strategies to attain the goal:

1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing substance use disorder treatment in order to facilitate rapid assessment and treatment initiation
2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services
3) Continue the CMHT – Community Mental Health Treatment (mental illness) and MH4 (severe mental illness) programs

4) Continue to participate on the DOC Oversight Committee

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Current MOU's between DMH and DOC

Baseline Measurement: yes

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement *(if needed)*:

Data Source:

MOU documentation is maintained by the DMH contracts unit.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The Department of Mental Health has a current Memorandum of Understanding with the Department of Corrections.

Indicator #:   2

Indicator: Implement revised high risk referral form for SUD treatment

Baseline Measurement: N/A

First-year target/outcome measurement: in process

Second-year target/outcome measurement: implemented

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Implementation of high risk referral form monitored by the DBH treatment unit.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The referral form in use includes a "High Risk" indicator.

Priority #:   5

Priority Area: Tobacco Prevention / Cessation

Priority Type: SAP, SAT, MHS

Population(s):   SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Strategies to attain the goal:

1) Support provider training in tobacco cessation with proven effectiveness
2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan
3) Support tobacco cessation on Missouri's college campuses
4) Ensure the provision of tobacco enforcement and merchant education:
a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
c. Conduct a merchant education visit to every tobacco retailer in the state

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Annual Synar noncompliance rate is less than 20 percent

Baseline Measurement: yes

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Synar rate is determined from annual Synar survey. For FY 2018, this will be completed by October 1, 2018. For FY 2019, this will be completed by October 1, 2019.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The Synar rate is 6.3 percent.

Indicator #:	2
Indicator:	Number of tobacco retailers visited and provided with retailer educational materials per fiscal year
Baseline Measurement:	5,477
First-year target/outcome measurement:	at least 5,200
Second-year target/outcome measurement:	at least 5,200

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered into a database by DMH staff, and reported in the State's Annual Synar Report.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of tobacco retailers visited and provided with educational materials was 5,272 for fiscal year 2018.

Indicator #:	3
Indicator:	Number of Tobacco Treatment Specialists per fiscal year
Baseline Measurement:	29
First-year target/outcome measurement:	at least 25
Second-year target/outcome measurement:	at least 25

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Number of Tobacco Treatment Specialists is tracked by prevention staff.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of Tobacco Treatment Specialists for fiscal year 2018 was 30.

Priority #:	6
Priority Area:	Recovery Support Services
Priority Type:	SAT, MHS
Population(s):	SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders

Strategies to attain the goal:

1) Continue the five Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
2) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to long-term DMH consumers
3) Promote use of IPS Supported Employment

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines) for persons with mental illness per fiscal year
Baseline Measurement:	10
First-year target/outcome measurement:	10
Second-year target/outcome measurement:	10

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contracts are maintained by the DMH Contracts Unit.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☒ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

One of the consumer operated service programs was not meeting contracting expectations and the contract was terminated. Funding limitations did not allow for an immediate request for applications for a new contractor. With the additional Mental Health Block Grant dollars a replacement COSP will be competitively bid.

How first year target was achieved *(optional)*:

Indicator #: 2

Indicator: Number of IPS SE programs per fiscal year

Baseline Measurement: 13

First-year target/outcome measurement: 13

Second-year target/outcome measurement: 14

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The number of IPS Supported Employment programs is tracked by DMH staff.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

the number of Supported Employment programs for fiscal year 2018 was 20.

Indicator #: 3

Indicator: Number of families receiving family support per fiscal year

Baseline Measurement: 922

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The number of Family Support trainings is tracked by the Children's Services Unit.

New Data Source*(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of families receiving Family Support during fiscal year 2018 was 1001.

Indicator #:	4
Indicator:	Create Family Support Provider website to centralize information, resources, training opportunities, and networking activities.
Baseline Measurement:	N/A
First-year target/outcome measurement:	In progress
Second-year target/outcome measurement:	Completed

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Progress on website will be monitored by Children's Unit.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The website development was in progress during fiscal year 2018. The site was completed during fiscal year 2019.

Priority #:	7
Priority Area:	Medication Assisted Treatment (MAT) for Substance Use Disorders
Priority Type:	SAT
Population(s):	PWWDC, PWID, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system

Strategies to attain the goal:

1) Monitor utilization of MAT by provider and provide technical assistance as needed
2) Increase utilization of different MAT medications at a given treatment provider

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Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of consumers receiving MAT per fiscal year
Baseline Measurement:	5,106
First-year target/outcome measurement:	at least 5,000
Second-year target/outcome measurement:	at least 5,000

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine/Suboxone/Subsolv, Antabuse, Zubsolv, Bunavail, and acamprosate (and any future FDA-approved MAT medication) is determined from medication billings to the DMH information system and Medicaid Claims, excluding billings occurring while in detox.

New Data Source*(if needed)***:**

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)***:**

The number of consumers receiving MAT services during fiscal year 2018 was 6,488.

Priority #:	8
Priority Area:	Community Advocacy and Education
Priority Type:	SAP
Population(s):	PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco, and other drug availability in Missouri's communities

Strategies to attain the goal:

1) Build state and community capacity by fostering strong partnerships and identifying new opportunities for collaboration
2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Study Survey and the Behavioral Health web tool
3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth

4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of heroin and other opiate drug use trainings and education activities per fiscal year

Baseline Measurement: 101

First-year target/outcome measurement: at least 80

Second-year target/outcome measurement: at least 80

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

Number of heroin education activities is tracked and reported by the Eastern Regional Support Center.

New Data Source*(if needed)***:**

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

There were 99 trainings conducted during fiscal year 2018.

Indicator #:   2

Indicator: Number of high-risk youth served in prevention programs per fiscal year

Baseline Measurement: 6,306

First-year target/outcome measurement: at least 6,000

Second-year target/outcome measurement: at least 6,000

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

Numbers of high-risk youth served in prevention programs are tracked and reported by contracted providers.

New Data Source*(if needed)***:**

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number high-risk youth served in prevention programs during fiscal year 2018 was 12,506.

Indicator #:	3
Indicator:	Number of persons trained in MHFA per fiscal year
Baseline Measurement:	6,043
First-year target/outcome measurement:	at least 5,500
Second-year target/outcome measurement:	at least 5,500

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The number trained in MHFA is tracked DBH prevention staff.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

There were 7,200 persons trained in Mental Health First Aid during fiscal year 2018.

Priority #:	9
Priority Area:	School-Based Prevention Education
Priority Type:	SAP
Population(s):	PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence

Strategies to attain the goal:

1) Enhance protective factors and reverse or reduce risk factors for substance use and violence
2) Improve academic and social-emotional learning to address risk factors
3) Employ interactive techniques that allow for active involvement in learning

4) Reinforce prevention skills over time with repeated interventions
5) Ensure programming is culturally competent and age appropriate
6) Conduct annual fidelity reviews

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number students participating in SPIRIT per fiscal year
Baseline Measurement:	8,031
First-year target/outcome measurement:	at least 7,800
Second-year target/outcome measurement:	at least 7,800

New Second-year target/outcome measurement*(if needed)*:

Data Source:

SPIRIT participation is tracked and reported by the program evaluator MIMH.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of students participating in SPIRIT during fiscal year 2018 was 9,354.

Indicator #:	2
Indicator:	Annual report generated
Baseline Measurement:	yes
First-year target/outcome measurement:	yes
Second-year target/outcome measurement:	yes

New Second-year target/outcome measurement*(if needed)*:

Data Source:

MIMH generates the annual report which is posted to the DMH public website.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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New Data issues/caveats that affect outcome measures:

_____

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

_____

How first year target was achieved *(optional)*:

> The annual report was generated.

Priority #:	10
Priority Area:	Prescription Drug Overdose Deaths
Priority Type:	SAP
Population(s):	PWID

Goal of the priority area:

> Reduce overdose deaths

Strategies to attain the goal:

> 1) Increase number of first responders, medical professionals, and other eligible groups trained to carry and administer naloxone;
> 2) Increase public awareness of opioid risks and best practices for assisting during an overdose event

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of individuals trained to carry and administer naloxone per fiscal year
Baseline Measurement:	N/A
First-year target/outcome measurement:	400
Second-year target/outcome measurement:	700

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> The number of individuals trained and the number of naloxone doses distributed will be tracked by MIMH.

New Data Source*(if needed)*:

_____

Description of Data:

_____

New Description of Data:*(if needed)*

_____

Data issues/caveats that affect outcome measures:

_____

New Data issues/caveats that affect outcome measures:

_____

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

_____

How first year target was achieved *(optional)*:

The number of individuals trained to carry and administer naloxone during fiscal year 2018 was 6,564.

Indicator #:	2
Indicator:	Number of doses of naloxone distributed per fiscal year
Baseline Measurement:	N/A
First-year target/outcome measurement:	4,000
Second-year target/outcome measurement:	6,000

New Second-year target/outcome measurement(*if needed*):

Data Source:

The number of individuals trained and the number of naloxone doses distributed will be tracked by MIMH.

New Data Source(*if needed*):

Description of Data:

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

17,880 doses of naloxone was distributed during fiscal year 2018.

Priority #:	11
Priority Area:	Evidence-based Mental Health Practices
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Strategies to attain the goal:

1) Continue support for EBP programs.
2) Provide on-going monitoring of fidelity in EBP programs.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number served in ITCOD per fiscal year
Baseline Measurement:	2,109
First-year target/outcome measurement:	at least 1,800
Second-year target/outcome measurement:	at least 1,800

New Second-year target/outcome measurement(*if needed*)**:**

Data Source:

Numbers served in ACT and ITCOD are captured in the DMH information system.

New Data Source(*if needed*)**:**

Description of Data:

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:　　☑ Achieved　　　　☐ Not Achieved (*if not achieved,explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*)**:**

The number served with ITCD services in fiscal year 2018 was 3,201.

Indicator #:	2
Indicator:	Number served in ACT per fiscal year
Baseline Measurement:	728
First-year target/outcome measurement:	at least 650
Second-year target/outcome measurement:	at least 650

New Second-year target/outcome measurement(*if needed*)**:**

Data Source:

Numbers served in ACT and ITCOD are captured in the DMH information system.

New Data Source(*if needed*)**:**

Description of Data:

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:　　☑ Achieved　　　　☐ Not Achieved (*if not achieved,explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*)**:**

The number served in ACT during fiscal year 2018 was 1,123.

Priority #:	12
Priority Area:	Persons who inject drugs intravenously
Priority Type:	SAT
Population(s):	PWID

Goal of the priority area:

Ensure the provision of services to IV drug users in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

Strategies to attain the goal:

1) Monitor contractual requirements pertaining to IV drug users
2) Continue collecting wait list and capacity management data from contracted providers
3) Generate reports for wait list data and interim services billings in support of monitoring efforts
4) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed

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Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of IV drug users served in substance use disorder treatment per fiscal year (assuming the same level of funding)
Baseline Measurement:	10348
First-year target/outcome measurement:	at least 9,800
Second-year target/outcome measurement:	at least 9,800

New Second-year target/outcome measurement(if needed):

Data Source:

The number of IV drug users served is captured in the DMH information system. These are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH information system. The route of substance was IV injection or non-IV injection on the primary, secondary, or tertiary substances.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of IV drug users served in substance use disorder treatment during the fiscal year was 11,588.

Indicator #:	2
Indicator:	Percent of SAPT Block Grant funded providers reporting wait list and capacity management data
Baseline Measurement:	100%

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

> DBH Research staff monitor wait list and capacity management reporting and follow-up with providers if they do not meet submission deadlines.

New Data Source*(if needed)***:**

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)***:**

> 100% of block grant providers are reporting wait list and capacity management data.

Priority #:   13

Priority Area: Substance-Abusing Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s):   PWWDC

Goal of the priority area:

> Continue to provide services to pregnant women and women with dependent children

Strategies to attain the goal:

> 1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment
> 2) Continue collecting wait list and capacity management data from contracted providers
> 3) Engage TANF referred individuals in substance use disorder treatment at a clinically appropriate level of care

┌─ **Annual Performance Indicators to measure goal success** ─────────────────

Indicator #:   1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding)

Baseline Measurement: 6,267

First-year target/outcome measurement: at least 5,900

Second-year target/outcome measurement: at least 5,900

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

> The number of pregnant women and women with dependent children served is captured in the DMH information system. These are

individuals for which a paid claim was submitted to and paid by DMH. Pregnancy status and number of dependent children are also captured.

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of pregnant women and women with dependent children served in substance use disorder treatment during fiscal year 2018 was 6,422.

Priority #:	14
Priority Area:	Mental Health Services for Transition-Aged Youth and Young Adults
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Promote collaboration, implementation of effective interventions and supports, and enhanced skills of individuals who work with transition age youth/young adults and their families with behavioral health needs who may also be at risk of First Episode Psychosis.

Strategies to attain the goal:

1) Develop an inter-departmental "State Team" that focuses on the needs of youth/young adults with behavioral health issues including being at risk of or experiencing First Episode Psychosis.
2) Provide education on the importance of advocacy, prevention, and evidence-based treatment.
3) Provide training on individualized care planning.
4) Expand Integrated Treatment for Co-Occurring Disorders (ITCOD) services to meet the unique needs of the transitional age population.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of education sessions per fiscal year
Baseline Measurement:	N/A
First-year target/outcome measurement:	2
Second-year target/outcome measurement:	2
New Second-year target/outcome measurement *(if needed)*:	
Data Source:	

The DBH Children's Team will track education sessions and trainings.

New Data Source *(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of education sessions for fiscal year 2018 was 13.

Indicator #:   2

Indicator: Number of provider trainings per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The DBH Children's Team will track education sessions and trainings.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The number of provider trainings for fiscal year 2018 was 6.

Indicator #:   3

Indicator: Number served in ITCOD-TAY program per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> Number served in ITCOD-TAY will be captured in the DMH information system.

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

> The number of person served in ITCD-TAY services during fiscal year 2018 was 53.

Priority #:	15
Priority Area:	Behavioral Healthcare Services for Children
Priority Type:	MHS
Population(s):	SED

Goal of the priority area:

> To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

Strategies to attain the goal:

> Use the statewide Adolescent CSTAR Committee to advance policy, training, and service delivery for adolescent substance use disorders.
> 2) Increase dissemination of research, best practices, and success stories.

┌─**Annual Performance Indicators to measure goal success**─────────────────────

Indicator #:	1
Indicator:	Number of meetings of the Adolescent CSTAR Committee per fiscal year
Baseline Measurement:	4
First-year target/outcome measurement:	at least 4
Second-year target/outcome measurement:	at least 4

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> The Division of Behavioral Health's Children's Team will track number of trainings and social media posts.

New Data Source*(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)***:**

There were 6 meetings during fiscal year 2018.

Indicator #:	2
Indicator:	Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year
Baseline Measurement:	N/A
First-year target/outcome measurement:	10
Second-year target/outcome measurement:	10

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

The Division of Behavioral Health's Children's Team will track number of trainings and social media posts.

New Data Source*(if needed)***:**

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)***:**

There were 25 posts, articles, research, or stories during fiscal year 2018.

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	**Actual SFY 2017**	**Estimated/Actual SFY 2018**
$14,716,201	$36,115,926	$34,715,740

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period **(A)**	**Expenditures** **(B)**	**B1(2016) + B2(2017)** **2** **(C)**
SFY 2016 (1)	$182,426,283	
SFY 2017 (2)	$196,078,383	$189,252,333
SFY 2018 (3)	$209,836,767	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2016	Yes	**X**	No	____
SFY 2017	Yes	**X**	No	____
SFY 2018	Yes	**X**	No	____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: